



Send Request to:
Idaho Department of Labor
Attn: Records Custodian
317 W. Main St.
Boise, ID 83735
Fax #: 208-334-6125
Phone #: 208-332-3570 Ext. 2102
records.request@labor.idaho.gov

INFORMED CONSENT RELEASE

As required by Idaho Code §§ 72-1333 and 72-1342, IDAPA 09.01.08.013.01 and 20 CFR part 603, all of the information requested below must be provided in detail or this release will **NOT** be considered effective. Attach additional pages if necessary.

1. PLEASE PROVIDE: Name _____, Social Security or Claimant ID Number _____
(include all other names you have used for the period of time the records are requested)

2. I CONSENT TO THE RELEASE OF THE FOLLOWING SPECIFICALLY IDENTIFIED RECORDS. Check one or more boxes to indicate the records being requested:

- ☐ I am requesting a copy of **Wage History** from _____ through _____.
(start date) (end date)
- ☐ I am requesting a copy of **Unemployment History** from _____ through _____.
(start date) (end date)
- ☐ I am requesting a copy of **Quarterly Unemployment Insurance Tax Returns** from _____ through _____.
(start date) (end date)
- ☐ I am requesting records other than above (identify here).

3. I CONSENT TO THE RELEASE OF THE DOCUMENTS SPECIFIED ABOVE TO ME OR THE FOLLOWING THIRD PARTY OR PARTIES: (Give the following information for the entity or individual who will receive the records identified above.)

Mail or Fax Records to:

Name: _____ Address: _____

City, State, Zip Code: _____

Fax #: _____ Telephone: _____

4. I CONSENT TO THE RELEASE OF THE DOCUMENTS SPECIFIED ABOVE SOLELY FOR THE FOLLOWING PURPOSE(S):

5. THE RELEASE OF THE DOCUMENTS SPECIFIED ABOVE WILL ASSIST ME TO:

6. I ACKNOWLEDGE THAT THE IDAHO DEPARTMENT OF LABOR'S FILES WILL BE ACCESSED TO OBTAIN THE CONFIDENTIAL RECORDS DESCRIBED IN THIS RELEASE. THIS CONSENT FORM EXPIRES TWELVE MONTHS FROM THE DATE OF SIGNING.

Signature _____ Date _____

STATE OF IDAHO)
) ss.
County of _____)

On this _____ day of _____, 20____, before me personally appeared _____, known or identified to me to be the person who executed this foregoing Informed Consent Release and acknowledged that he, she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Notary Public
My Commission expires _____